MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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co. S. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, ple	. A	15	ME	or its designated agent, prior to burial, cremation, or removal, and in any event within 12 haute after death.
5	M	2/5	57	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORI	, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg

	677	EDIC	AL EXAMI	NER'S	CERTIFICA	ATE OF	DEATH	Reg, E	C Dist. No	6771	77
1. PLACE OF DEATH	Oorchester	\$	MA	ARYLAND	2. USUAL RESIDENCE o. STATE Mary		b. COUNT			fore odm ster	
and give nearest to	l III outside corporete limits, wi pwel mbridge	ite RURAL	c. LENGTH OF ST.		c. CITY OR TOWN		rporate limits, write	RURAL on	d give n	earest to	wn)
	embridge-Maj		* 4	dress)	d. STREET ADDRESS	s igh Str	eet			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Al <b>v</b> ei	irst da	Middle Dunt		lost Bayly	4. DATE OF DEATH	June 13		Doy		(eor
5. SEX Female	White	WIDON	RRIED NEVER MARI	ED D N	arch 18,18		9. AGE (In years fast birthday)	IF UNDER	Doys Doys	IF UND Hours	ER 24 HRS Min.
100. USUAL OCCUPA during most of wor Home:	TION (Give kind of work king life, even if retired US KET	done 10	. KIND OF BUSINESS (	OR INDUST	Cambridge	ote or foreign	country)	12. CIT	U.		COUNTRY
13. FATHER'S NAME	Alexander 1	[amil	ton Bayly		14. MOTHER'S MAIDEN Margaret						
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED F	ORCES?	None		FORMANT Lloyd Slag	gle,Cam	Address bridge, Mo				
	mediate couse		Myocardia	l fa	ilure rterioscl	erosi	S		INSER	RVAL SETWIT AND DE	EEN ATH
Fract	other significant course neck	femu	r 904.	0				VEN IN PA		PERL YES []	SPLY SP SP
200. EXTERNAL C	CONTRIBUTING				nier noture of injury in i 1 in her			to a	ris	e.	
20c. TIME OF IN. Hour o. r 3 PM. p. r	n	58 W	hile Not while work of work	Ho		elc.) Ca.r	mbridge,	Dor			(Stote) Md. d in my
opinion deot	th resulted from:					_			,		
EXAMINER'S NAME (Type)				A	M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEFUTY MEDICAL	CAL EXAMIN	ER 🗍	0/58		VAIL	
220. BURIAL, CREMAT	June 14		. 1				ridge, Md.			(Stote	•)
23. EUNERAL DIRECTO	OR'S SIGNATURE	7111	ADDRESS Cambrai	des M		EC'D BY REGIS	TRAR 246. REGI	STRAR'S SH	GNATUR	tE	

Two for one certificate Film G231 - 7/11/58-mb

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. 06772
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1. PLACE OF DEATH				2. USUAL RESIDENCE (	Where dece	ased lived. If institu	ulion: Residen	ce before ad	lmission)
6. COUNT	Dorches	ster	MARYLAND	o. STATE Mary	vland	b. COUNT	Dor	chest	er
b. CITY OR TOWN (If	autside carparate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside co	rporote limits, write	RURAL and	give neorest	town)
Cambri			Life	13 Camb	bridg	e			
		f not in hosp	sital, give street address)	4 STREET ADDRESS					RESIDENCE
127 Wa	shington	Stre	et	127	Wash	ington	Stree	- 1	N A FARM?
3. NAME OF DECEASED	Firs	f	Middle	Last	4. DATE	Mont	h	Doy	Yeor
(Type or print)	Minr		Bishop	Bowley	DEATH	Jun	e	26.	158
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED 8	DATE OF BIRTH		9. AGE  In years     fost birthday)	IF UNDER 1		IDER 24 HRS.
Female	Negro	WIDOWED	DIVORCED	May 11, 18	394	64 yrs.	Months D	lays Hour	Min.
100. USUAL OCCUPATIO	ON (Give kind of work on the life, even if retired)	ione 10b. Ki	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	ar foreign	country)	12. CITIZ	EN OF WHA	T COUNTRY
Labore		Fo	od Packing	Dorchest	ter C	. bM o		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN		ory mar		0.021	
	William	n Ri	shop		Mary	Picho	n		
15. WAS DECEASED EV	ER IN U. S. ARMED FOI	RCES? 16. S	OCIAL SECURITY NO. 17. M	IFORMANT	Light A	Bisho			
(Yes, no, or unknown)	(if yes, give war or dates of s		0-10-6166 1	homas Bowl	1 037	Cambrio	aro 1	Manari	and
	TH (Enter only one cou			TIOMES DON'T		Campra	rge,	INTERVAL BET	WEEN
	H WAS CAUSED BY:		cardial fai	lure				ONSET AND	DEATH
0 7891	IMMEDIATE CAUSE (o)	141,9 C	Car Graz Tar	I CLI C					
lord, 4									
Conditions, if or	lote couse l								
(a), stoting the	underlying DUE TO								
cause lost.	) (c).	OLITIONIS CO	AUTRIBUTING TO DELFU DUT A	AOT DELATED TO THE TERM		55 501 101 101 101			
PARI II. OIF	IEK SIGNIFICANT CON	JIIIONS CO	NTRIBUTING TO DEATH BUT N	OI KELATED TO THE TERM	AINAL DISEA	SE CONDITION GIV	VEN IN PART		FORMED?
<u> </u>								YES [	NO 🗌
PART II, OTH	DSE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in Por	rt I or Part I	I of item 18.)			
20c. TIME OF INJUI	RY Month, Day, Yea		E 1 -	CE OF INJURY (Home, form	m, 20f. (Ci	ly or lown)	(Coun	ity)	(Stote)
Hour a.m.	19	While of wor	1401 Milità	ry, moci, omer biog., ele					
21. I certify th	nat I taak charge	of the re	emains described abo	ve, held an Autaps	sy 🗍 .	Inspection X	Inquiry	П. о	nd in my
opinion death	resulted from: N	Vatural c	ouses X, Accident	7. Suicide 17.	Hamicide	Undete	ermined m		1
1	7								
ACTUAL SIGNATURE	tolen	_21-	Les l	_M.D. CHIEF MEDICAL E	XAMINER [	]		DATE	SIGNED
SIGNATURE			1.	ASSISTANT MEDIC	CAL EXAMIN	ER 🗍			
EXAMINER'S D	r. John M	ace a	Jr.	DEPUTY MEDICAL	EXAMINER.	6/2	7/58		
220. BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREO	F	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOC/	ATION (City, Iown,	or county)	(51	ole)
Burial		58	Bethel Ceme	terv	Cam	bridge.	Mary]	land	
23. FUNERAY DIRECTOR			ADDRESS	24g. RFC	D BY REGIS	TRAP 246 REST	STHAR'S SIGN	MAJORE	
Kecker !!	LIXLA	14/10	Cambridge,	Md. DATE	JUL 8	20	1,5-200		
Y .	1	1				1		77	

VS. A15ME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH - RAISHMORE I

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
6801	CERTIFICATE OF DEATH	R

	680	)1	CERTIF	ICA	ATE OF DEA		LTIMORE,	Reg. Dist.	067	73
1. PLACE OF DEATH o. COUNTY Do	orchester		MARYLA	ND	2. USUAL RESIDENCE	(Where decease	ed lived. If institut b. COUNTY	ion: Residence		on)
RURAL and give r	(If outside corporate limineorest town) sdale - Run		c. LENGTH OF STAY IN	116			oorote limits, write = Rural		e nearest town)	
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g Eldorado	ive street	address)		d. STREET ADDRE	ss Eldorad	0		e. IS RESII ON A YES	FARM?
3. NAME OF DECEASED (Type or print)		nnie	Middle Victor		Boyce	4. DATE OF DEAT	Juñê	nth 13	Doy Y	ear 58
5. SEX Female	White	WIDOWI			8. date of Birth November 1			Months Do	YEAR IF UNDER	R 24 HRS. Min.
Housewo	rking lite, even it retired	done 10b.	KIND OF BUSINESS OR Home	INDUS			, Marylar		S.A.	COUNTRY
13. FATHER'S NAME Ge	orge Marine				14. MOTHER'S MAID	ret Fis	her			
15. WAS DECEASEDEVI IYes, no. or unknown]	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	None		reormant Curtis Bo	yce, Rh		Maryle	and, RF	D
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	, (	ne for (o), (b), and (c).	0 6	'asculo	n a	ceedin	1	INTERVAL BET ONSET AND I	WEEN
Conditions, if a gave rise to it couse (a), stating	immediate (	, C	erebral	C	arteros	elur	<u>'</u>		1 W.2	eh
lying couse last.	) (c	DITIONS C	CONTRIBUTING TO DEATH	A BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GI	VEN IN PART 1	(o) 19. WAS APPERFOR	MED?
CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URREC	). (Enter nature of injur	y in Part I or Pa	ort II of item 18.)			
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Yes	20d. It While at worl	Not while	De. PLA fac	ACE OF INJURY (Home, tory, street, office bldg.	form, 20f. (Ci	ty or town)	(Cou	nty)	(Stote)
alive an	hat I attended the	195	5, and that of	0	e., 1957, 10. occurred at 11:	40PM, fro	om the causes of Street, city or town,	and an the	date stated	deceased above te significant leading to the sig
20. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREC	F	22c. NAME OF CEMETE Eldorado				ATION (City, town, dorado, M		(Stote)	
3. FUNERAL DIRECTOR	P'S SIGNATHEE		· ADDRESS eralsburg, h	Mar.	yland 240.	REGUNBY2REGIS		STRAR'S SIGN		

DATE



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be recoined by the hospital or ottending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3-should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 should be filed with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

	0000		CEKIII	FICE	TIE OF DE	AIL	1		Reg. [	list. No	).	
1. PLACE OF DEATH					2. USUAL RESIDEN	CE (Wh	ere decease			ence befo	ore admiss	ion)
	orchester (	30.	MARY	AND	o. STATE	d.		b. COUNT		hes	ter (	20-
	f outside corporate lim		c. LENGTH OF STAY I	N 1b		-	utside corpo	role limits, write				
Cambridge	11 -		3 Years		X Camb	ride	ge RFT	) # 2				
d. NAME OF HOSPIT	AL (If not in hospital,	give street	oddress)		d. STREET ADD				19-11		e. IS RES	IDENCE FARM?
Cambridge					Cambrid	ge I	RFD #	2				NO
3. NAME OF DECEASED	Fi	rst	Middle		Lost		4. DATE OF	Mo	onth	D	оу	Yeor
(Type or print)	Byron		A.		Cameron	1	DEATH	June	9	2	8,	19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	0 0	B. DATE OF BIRTH			9. AGE (In year)		7	R IF UNDI	
Male	White	WIDOW	ED DIVORCED		10/2/66			91 yr		Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPLACE	E (Stote	or foreign c	ountry)	12. C	ITIZEN (	OF WHAT	COUNTRY
Game Warden		'	Game		Ray B	rool	k, N.Y			JSA		
13. FATHER'S NAME					14. MOTHER'S MA	NIDEN N	IAME					
Dune	can Cameron	1			Lydia	Ames	3					
15. WAS DECEASED EVE	R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. IF	NFORMANT			Ad	dress			
No	(1. )22. 210 10. 0. 0. 0. 0.			Do	nald D. C	ame	ron	Cambrio	ige Ri	FD #	2	
18. CAUSE OF DEA	ATH [Enter only one co	ouse per li	ne for (a), (b), and (c).]			1)					ERVAL BE	
PART I. DEA	TH WAS CAUSED BY:	1	Corone	my	oce	Ku,	sim			ON	Such	Stem
420,1	DUE TO		0			1					0	
Conditions, if o	ny, which	1	Conna	and .	Heart	0	sei	u			oys	10.
gove rise to i couse (a), sloting	mmediate (			1							-	
lying couse last.		c)										
PART II. OTI	HER SIGNIFICANT CON	IDITIONS (	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO TH	E TERMI	NAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(o)	19. WAS	AUTOPSY
PART II. OTI												NO [
	S UNDERLYING A CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CURRED	. (Enter nature of in	jury in I	Port I or Par	t II of item 18.)				
	MEDICAL EXAMINER)											
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye			20e. PLA	CE OF INJURY (Hon	ne, form	, 20f. (City	or town)		(County)	)	(State)
Hour o.m.	19	While of wor	Not while	100	tory, street, office blo	ug., erc.	'					
21 I certify th	at I attended the	deceas	ed from 1/13	150	4 . 19 . 1	0 (	0/25	10 /	Tihat	lasts	aw the	decease
olive on 6	19158	10		death	occurred at	700/	M from	n the causes	and on	the de	to state	ad about
01110 01111111		/	, and mar	acam	occorred di-7	10	ADDRESS (S	treet, city or town	, stote)	me uc	Die Sion	ATE SIGNE
ACTUAL SIGNATURE	ausen	o M	annem	1.	13	36	Ru	17.				
	- CONT		14		W.U		W.Zersc	L-sk-/			1	
PHYSICIAN'S NAME (Type)	- 2wreu	ce 1	NSKA SW	0 V		6-	mb	ridg	7	M	d.	
220. BURIAL, CREMATIC		OF	22c. NAME OF CEME	TERY OF	CREMATORY		22d. LOCA	TION (City, 10kn,	or county		(Stot	e)
REMOVAL (Specify)	7/3/58		NorthElb				Lake	Placid		N.	Υ.	
23. FUNERAL DIRECTOR	S SIGNATURE	MI	ADDRESS	10.11		o. REC'	D BY REGIS	TRAR 246. REC	ISTRAR'S	IGNAT	RE	
LeCompte Fu	neral Serv	ice	Cambridge	Md.	0/	ATE JI	JL 2	58 Ca	hel	wer		

SALON SALON SALON	CERTIFICATE OF DEATH	STATE OF THE STATE
engano (Belo)	STORY CHARLES	
THE PERSON OF PARKS AND PROPERTY.		
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MARYLAND STATE OFF ARTMENT OF HEALTH-RALINORE, LE

CERTIFICATE OF DEATH 6803 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY filed b. COUNTY DORCHESTER MARYLAND MARYLAND CAROLINE sral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) CAMBRIDGE FEDERALS BURG a MAINTHS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? EASTERN SHORE STATE YES NO D NAME OF Middle 4. DATE Lost Month Day Yeor DECEASED OF DEATH (Type or print) 195 ALEXANDER CHERRY INCOLN IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years lost birthday) Months DIVORCED | MALF WIDOWED IX MARCH. 20 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) WESTINGHOUSE EINNSULVANIA BRKER 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Vo-YONE HOSPITAL 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 0BAR NEUMONIA ō 54HOURS DUE TO Conditions, if ony, which ITRAL STENOSIS LANKNOWN signed permi gove rise to immediate **DUE TO** cosse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? CHRONIC BRAIN SUNDROME WITH SENILE BRAIN YES NO IX 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while ot work ot wark JUIVE 9 , 192 , that I last saw the deceased 21. I certify that I attended the deceased fram. 32, and that death occurred at 133 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL ESSHOSPITAL-CAMBRIDGEMO -0 HARRY J. CRAWFOR NAME (Type) FUNE 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) pode REMOVAL (Specify) MILTOR TELLOWS CEMETERY 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TE OF DEATH	CHRISTON CHRISTON	
	District Market Constitution of	
	(a) Therefore (a)	
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SUPLIANT LANGUAGE AND AND THE PARTICIPATION OF A PARTY CHAIN A 1900

VS. A15ME(5) 5M 9/55

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06776

Reg. Dist. No.

1. PLACE OF DEA	Derches	ter	MARYLA	O STATE S	ENCE (Where dece	ased lived. If Instit b. COUN		nce before admission	n)
b. CITY OR TO and give near		ils, write RURAL	c. LENGTH OF STAY IN	1b c. CITY OR TO		rporate limits, write	RURAL and	give nearest town)	
	Shore Sta		spital, give street address)	d. STREET ADDRESS  e. IS RESION A YES					
3. NAME OF DECEASED (Type or print)	Ella	First	Middle Virginia	Colema	4. DATE OF DEATH	June		24 Year	58
5. SEX Female	6. COLOR OR I	RACE 7. MARR	DIVORCED	8. DATE OF BIRTH		9. AGE  In years   lost birthday  92 yrs.		YEAR IF UNDER 2	-
Housewi	warking life, even if ret <b>Le</b>	work dane 10b. ired)	KIND OF BUSINESS OR IN	Mary	land	country)	12. CITIZ	U.S.A.	JNTRY?
	Satterfiel ED EVER IN U. S. ARME			14. MOTHER'S MA	Elsenbr				
Yes, no, or unknown	I lif yes, give war or d		SOCIAL SECURITY NO.	Records E.	S.S.H.	Addres	ridge.	Md.	
gave rise to (a), stating cause last.	if any, which immediate cause the underlying DU	E TO (c) CONDITIONS C	ontributing to DEATH		IE TERMINAL DISEA	se condition <b>G</b> I	VEN IN PART	PERFORME	OPSY ED?
CAUSE OF DE	L CAUSE WAS	20b. DESCRIE	se how injury occurre						
21. 1 certi	fy that I took ch	19 58 of w	INJURY OCCURRED 20e.  Not while of work remains described  Accident ,	Hospital above, held an A	utopsy ,	ty or town)  mbridge  Inspection   Indetermined		Md	
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	SIGNATURE  M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   EXAMINER'S  ASSISTANT MEDICAL EXAMINER							DATE SIGNED	
220, BURIAL, CREATE REMOVAL (SP	AATION, 226, DATE II	Chul	22c. NAME OF CEMETERY ADDRESS PCHHILL	Chapel 20	io. REC'D BY REGI		or county)	(Stote)	

STATE OF BUILDINGS THE PROPERTY OF THE RESERVE OF T 37.0 Edition 429 A Miles of the second \* # \* d nhecouse of Tarterol The course of the second second - Addition of the addition of the . wooll of distance deal works in we hading 200

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital ar attending physician.

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PURECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

TO FUNE

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6805

### CERTIFICATE OF DEATH

06777

Reg. Dist. No.

1. PLACE o. COU	OF DEATH	orchester		MAR	<b>YLAND</b>	2. USUAL RES o. STATE		land	lived. If institu b. COUNT	v -	chest		ion)
b. CITY RURA	OR TOWN (IF	outside corporote lim prest town) C - Rural	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR		outside corpore	ote limits, write	RURAL and	give near	est fown	)
d. NAA	ME OF HOSPITA	on Ferry	give street	address)								DENCE FARM? NO	
3. NAME DECEAS (Type o	SED	Leila.	rst	Mae Mae		Conwa		4. DATE OF DEATH	_	une	Day		reor 58
5. SEX Fem	ale	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRI		B. DATE OF BIRT			9. AGE (In year last buthday)	Months			
10o. USUA during	Housew	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS O	OR INDUS			or foreign con			J.S.A		COUNTRY?
13. FATHER		H. Conway				14. MOTHER'S		ledford					
15. WAS D	NO (I	IN U. S. ARMED FOR t yes, give wor or dates of	CES? 16.	None	1	in P. Co	onway,	Hurlo		yland	, R.F	'.D.	H
Gove Lying 200 A	ditions, if one rise to ime (a), stating the couse last.  PART II. OTHER	ER SIGNIFICANT CON	ge Dittons	CONTRIBUTING TO DE		NOT RELATED TO				IVEN IN PAR	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	PERFO	yr
₹ 20c. TI		CAUSE OF DEATH MEDICAL EXAMINER)  Month, Doy, Ye	or 20d. II	NJURY OCCURRED  Not while k ot work	20e. PLA	ACE OF INJURY office	(Hame, form	, 20f. (City o		(0	County)		(State)
ACTU/ SIGNA PHYSI NAME	an Mix		Ja. f.	LUMM  22c. NAME OF CEM	death  Control	accurred at	10/50 Pr	ADDRESS (SHO	the causes	nd ar county)	he date	state DA -3-5	d abave. TE SIGNED
				leralsburg,	Mar	yland		D BY REGISTR	AR 24b. REG	ISTRAR'S SIC			

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0	6	7	7	8	
			-		

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	-0.7.4.4					Reg. Dist	. No.	
1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where decease			e before odn	nission)
Do	orchester	MARYLAND	o. STATE Ma	ryland	d 6. COUNTY	Do:	rches	ter
and give nearest lown)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	orale limits, write	RURAL and g	ive nearest to	own)
Cambrid	ige, Md.	Life	13 Camb	ridge	, Md.			
	AL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET AODRESS					RESIDENCE
212 Pi	ine St.		212 Pir	ne St.				K CN
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month		Day	Yeor
(Type or print)	Marguerite		rnish	DEATH	June	9	5	1958
5. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B		- 1	9. AGE (In years last birthday)	Months Do		DER 24 HRS.
Female	Negro WIDOWE		Nov. 25,	1924	33 yrs.	Months Do	ys Hours	Min.
10o. USUAL OCCUPATIO during most of working	ON (Give kind of work done 10b. K g life, even if retired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or foreign co	ountry)	12. CITIZE	N OF WHAT	COUNTRY
Laborer	Fo	od packing	Mary	rland			USA.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
Richard			Mary Ro	berts				FELL
[Yes, no, er unknown]	(If yes, give wor or dates of service)		FORMANT		Address			
No			dward Corn	nish	212 Pir	ne St.	•	
	TH [Enter only one couse per line	for (o), (b), ond (c).]					INTERVAL BETWO	EEN EATH
PARI I, DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (6) Cer	ebral hemorr	chage				2 Hr	s.
2217	DUE TO							
Conditions, if or gove rise to immed							•	
(o), stoting the u								
couse fast.	) (c)							
PART II, OTH	ER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	EN IN PART 1	(o) 19. WAS	AUTOPSY ORMED?
3							YES 🔀	NO 🗌
PART II. OTH  200. EXTERNAL CAU PRIMARY   0 or CON CAUSE OF DEATH.	SE WAS ITRIBUTING []	HOW INJURY OCCURRED. (E.	nter nature of injury in Po	ort I or Part II o	of item 18.)			
20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 20d. II While		E OF INJURY (Home, for	rm, i 20f. (City	or town)	(County	y)	(State)
	19 of wo	rk of work						
21. I certify th	ot I took charge of the r	emoins described obo	ve, held on Autop	sy 🗓, In:	spection .	Inquiry	, or	nd in my
opinion deoth	resulted from: Notural a	ouses X, Accident [	], Suicide [],	Homicide	, Undeter	mined mo	nner 🔲	
(	)	Λ						
SIGNATURE	tolersh	weel	M.D. CHIEF MEDICAL	EXAMINER [			DATE	SIGNED
EXAMINER'S DE NAME (Type)	r. John Mace		ASSISTANT MEDICAL			/58		
220. BURIAL, CREMATION	N. 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATI	ON (City, lown, or	county)	(SI ut	le)
Burial	6/8/58	Cordtown Ce	metery		town, D		Md.	
23. FUNERAL BIREGION		ADDRESS		C'D BY REGISTR	AR 240 REGIST	PAR'S SIGNA	ATORE	
	S Clair Cam	bridge, Md.	DATE	UN 1 1 '5	8 Cley	Leduc	h	

TO DEPUTY MEDICAL EXAMINER: This certificole should be executed within 24 hours ofter death. If ony deloy is necessory, please executed certificole, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 51 board of Health, or its designated agent, prior to burial, cremation, or remayalong in any event within 72 hours after death. VS. A15ME

MISSIONE EXAMINERS CERTIFICATE OF DEATH

e. IS RESIDENCE ON A FARM?

YES NO THE

Yeor

19

Min.

Reg. Dist. No.

Months

Dorchester Co.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Haurs

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (Stote)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Doys

(County)

FUNE FUNE

0

15M 9/S5

page

23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service

22b. DATE THEREOF

NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify)

ADDRESS Cambridge Md.

22c. NAME OF CEMETERY OR CREMATORY

Christ Church Cemetery

24a, REC'D BY REGISTRAR DATE JUN 1 0 '58

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, ar county)

Cambri dhe

	HTABO TO TU	CERTIFICA	
			of detendency
		and the	
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			AND THE PROPERTY OF THE PARTY O
	in-layer		Section 1 to 1

J	5	02			STATE DEPA	RTM	ENT OF H	EALTI	H-BALT	IMORE, 1	8		06	780
1			678	1	CERTI	FIC	ATE OF D	EAT	H		Reg. D	ist. No.		
V	1.	PLACE OF DEATH					2. USUAL RESID	ENCE (W	here deceased	lived. If instituti	oni Reside	nce befo	re admis	sion)
			chester Co		,	LAND		Md.				ches		
		RURAL and give n		ls, write	c. LENGTH OF STAY		c. CITY OR TO	OWN (If	outside corpor	ote limits, write R	URAL ond	give nec	rest tow	n)
	-	d. NAME OF HOSPI	TAL (If not in hospital, s	ive street	3 Year	S	/ d. STREET AL		ge Md.				e. IS RE	SIDENCE
0		OK INSTITUTION	rsing Home				Cambr		Md.			37	ON	A FARM?
		NAME OF DECEASED	Fi	st	Middle		Last		4. DATE OF	Mon	th	Do	у	Year
		(Type or print)	Helen		Shepher	d	Hick	8	DEATH	June		7/1		19 58
		SEX			RIED NEVER MARRI		B. DATE OF BIRTH	1		9. AGE (In years lost birthdoy)	Months Months	R 1 YEAR	1F UND	ER 24 HRS.
1	-	Pemalen	White ON (Give kind of work	WIDOW			10/15/84	ACE /State	or foreign co	87 73 yrs.	112 C	ITIZENI O	E VALUE A	COUNTRY?
	)	during most of wor	king life, even if retired	)		JK IINDO				omiy)	12. 0		IL WITH	COUNTRY
	13.	None FATHER'S NAME			None		14. MOTHER'S		ge Md. NAME			USA_		
			ames S. Sh	epher	rd			Eli-	zaheth	Robinson	,			
	1S.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	). 17, 1	INFORMANT	مندوناه است	20000001	Add				
		No			None		Mrs Reg.	Hen	ry	Camb	ride	e Md		
			ATH [Enter only one co	use per li	ine for (o), (b), and (c)		11 11 100	mi)	ť	,		INTE	RVAL B	ETWEEN DEATH
,		0934	TH WAS CAUSED BY: IMMEDIATE CAUSE (	17	Jection	111	nonone	ulle	asy	-		1	me	
			DUE TO	1	suc	u -	Toxenu	a	No.					
		Conditions, if o	mmediate (											
		lying couse lost.	the <u>under-</u>											
	NO.	PART II. OTI	HER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY ORMED?
	CATI	Rheu	marond	an	Turtes.	Ch	sonic		wa	~				NO A
	CERTIFI	20g, ACCIDENT WA	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	CCURRE	D. (Enter noture of	injury in	Port 1 or Port	II of item 18.)				
i		20c. TIME OF INJUR	The same of the sa	- 100 1 1	A THURN OCCUPATE	100 - DI	ACC OC INDIVIDUAL	1	Tage unit		1.77.67			
	MEDICAL	Hour a.m.	Y Manth, Day, Ye	While		fo fo	ACE OF INJURY (Hectory, street, office	bldg., et	m, 20f. (City . c.)	or town)		(County)		(Stote)
	Z	p. m.		ot wo		- 16	117	1	12 - (	U	12			
		alive on M	nat I attended the	deceas	r-C	5-17	accurred at	, to y	M. For	Z, 19.≥4				
		dive dil		, 125	Zy, and that	dean	decorred of			the causes of eet, city or town,		rne da		ed above. ATE SIGNED
		ACTUAL SIGNATURE	11840	au/	con	die	M.D. ( C	en	hude	~ W	101	me	elle	5.38
		PHYSICIAN'S		/					1		1			7
	-	NAME (Type)	100, 0.45 5,450	_//_										
		REMOVAL (Specify)	6/16/58	71	22c. NAME OF CEM					ON (City, town, o	or county)		(Sto	te)
		FUNERAL DIRECTOR	1 -1 -1 ) 0	7.7	ADDRESS	age	Cemberry	24a DEC		ridge AR 24b. REGIS	TPAP'S S	IGNATU	PF .	
			unone 1 Co.			- 3/1-3			A O 100	200. 100		- 1		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 2 should be fitted with may be respined by the haspital ar attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

CERTIFICATE OF DEATH	
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	on the state
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	PHI CHEST
nersen a Service Territor in a many many many	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4

may be reflected by the haspital or attending physicion.

TO FUNER RECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or remayal, and in any second within 72 hours ofter death.

VS A15 (4) 15M 9/S5

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6782

CERTIFICATE OF DEATH

06781

										Keg. Di	it. No.	
	PLACE OF DEATH		1477			2. USUAL RE	SIDENCE (WI	nere decease	d lived. If institu		ce before o	dmission)
	o. COUNIT	Dorches	ter	MARY	LAND	o. STATE	Marv	bref	b. COUNT	Y Dor	ches	ter
	b. CITY OR TOWN (	If outside corporate limit		c. LENGTH OF STAY	IN 1b	c. CITY O		PO 00 00	rate limits, write			
	RURAL ond give no	ridge		Life	-	13	Camb	ridge	2			
		TAL (If not in hospital, gi	ve street			d. STREET	ADDRESS	1				S RESIDENCE
		Washingto	n St	reet			132	Wash	ington	Stree		ES NOT
	NAME OF DECEASED	Fire	t_	Middle			Last	4. DATE	Mo	onth	Day	Year
	(Type or print)	Eliza	beth	n Brya	n	Hugh	es	DEATH	Jun	e	22	1958
S.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲 8	B. DATE OF BI	RTH		9. AGE (In year lost birthdoy)	IF UNDER		UNDER 24 HRS.
	Female	Negro	WIDOW	DIVORCE	0	May 1	5. 18	95	63yr	Months .	Doys H	ours Min.
100	. USUAL OCCUPATION	ON (Give kind of work d	one 10b.	KIND OF BUSINESS C	R INDUS	TRY 11, BIRTH	IPLACE (Stole	or foreign c			IZEN OF W	VHAT COUNTRY?
	Retir			Retire	d	Dor	chest	er Co	o. Md.		USA	
13.	FATHER'S NAME		W.			14. MOTHE	S'S MAIDEN N	NAME				
		Daniel B	rvar	1				Mary	Chest	er		
1S.		R IN U. S. ARMED FORG		SOCIAL SECURITY NO	), 17. IN	FORMANT			Ad	dress		
	No			17-10-830	1	Enoch	Hughe	es. (	Cambrid	lge, N	id.	
	18. CAUSE OF DEA	ATH [Enter only one con	se per lir	ne for (o), (b), and (c).	1						INTERV	AL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	1	PORONA	p V	HE	ART	D -	ISEAS.	acres -	ONSET	AND DEATH
	420.1	IMMEDIATE CAUSE (o)		20 KG PO PA	101	//-	/ 1   1		13 = 113		1	DAYS
			(	ARDI	AC	DE	0000	DENI	SATTO	N	1 7	DAYS
	Conditions, if a	mmediate		-11101	7.0	y c	00///	1210	3717.			
	coese (o), stoting											
7	lying couse lost.	) (c)										
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITION G	IVEN IN PAR	P	WAS AUTOPSY PERFORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature	of injury in	Port I or Por	t II of item 18.)			
CAL	20c. TIME OF INJUR	RY Month, Day, Yea	r 20d. It	NJURY OCCURRED	20e. PLA	CE OF INJUR	Y (Home, form	, 20f. (City	or town)	(0	County)	(Stote)
WEDICAL	Hour o. m.	19	While of wor	Not while	foci	lory, street, of	fice bldg., etc	-)				
		nat I attended the	decens	ed from Assa	- 1	4 105	F. to 1.	2	-2- 10 S	F that I	last saw	the deceased
	alive on_A	and i directioned the	10	ond that								
	dive on	Mote	_, 17_22	zy, and mar	dearn	accorrea	11-11-		n the causes treet, city or town		ne date	stated abave
	ACTUAL SIGNATURE	alped R	. h	ranjouro	1	4.0	136	Ron	ce St	, 1010)		6/23/3
		1.0	^	nall		(1.60° ,	/					
	PHYSICIAN'S NAME (Type)	TLFRED	12.	MARYA	rvev			and	nege	, m	v	
22	BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEM	ETERY OF	CREMATORY		22d. LOCA	TION (City, town	or county)		(Stote)
	Burial	6/26/19	158	Waugh	Cem	eterv		Cam	bridge.	Mar	yland	
23.	FUNERAL DIRECTOR	S SIGNATURE	7	ADDRESS			24a. REC'	D 8Y REGIST	TRAR 246. REC	SISTRAR'S SIG	SNATURE	
1	112/1/1/1	11111111111	x h	Mambari i	3	Ma			100 ()	001 0	. /	

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VS A1S (4) 1SM 9/SS

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06782

6783 **CERTIFICATE OF DEATH** 

0.00				Keg. Dist, No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived. If instituti	ion: Residence before admission)
Dorchester	r MARYLAND	Maryl		Dorchester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write R	RURAL and give nearest town)
Cambridge	Life	X Rural	- Cambridg	е
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	dy STREET ADDRESS		e, IS RESIDENCE
OK INSTITUTION		RFD 2		ON A FARM? YES TO NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Mor	nth Day Year
(Type or print) Mary	Emily	Jackson	DEATH June	29. 1958
S. SEX 6. COLOR OR RACE 7. MARR	RIED WEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Negro widowi	ED DIVORCED	July 20, 1	886 71 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Housewife	Dorchest	er Co. Md.	IJSA
13. FATHER'S NAME	TIVO II TI	14. MOTHER'S MAIDEN N		1
Samuel Graha	am	F	mma Jane	Boardley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Add	
NO THE PART OF SHARED THE PART OF THE PART	None C	harles Jack	son, RFD 2,	Cambridge, Md.
18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ulual hale	ucrhoes		100050
14 dail DUE TO		1 18	2	3
Conditions, if ony, which )	1/1/10-01/	when (	(1)	7
gove rise to immediate DUE TO	1	1		7
lying couse lost.	Mena- Del	uase, Si		1
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE PERMIT	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS C	No Get Nau	leve		PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
	U las el	A CC OC IN INVIEW (II	Last car	
Hour o. m. While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
₹ p. m. 19 of wor			i	Market States
21. I certify that I attended the decease	ed from the 2	Q, 1958, to V	me 29, 195	Tithat I last saw the deceased
alive on 1245 29 193	, and that death	occurred at	M. from the causes of	and an the date stated above
	1		ADDRESS (Street, city or town,	
SIGNATURE SIGNATURE	1/2	" ( assu	lude 11/10	1 161, 7 (5)
SIGNATURE / FOR	7 /	m.b.	an ferrous	
PHYSICIAN'S Comice U.S.	1 houlson	<u> </u>		0 1
220. BURIAL, CREMATION, 226, DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,	or county) (State)
Burial 7/3/1958	Airev Cem	eterv	Dorchester	Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
Kerley Stlair	A Cambridg	e. Md. DATE JL	1 8 '58 CW	Aeduch

The same of the	TE OF DEATH	CERTIFICA	1878	
		ALERCAN .		
		at to Part to more a		
	AND THE RESERVE		THE WARDS	
The state of the s				
	ACT (To commission and commission an		no street	
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	2000 1805 c. 1 720 pin high pin hiji diri. (130			
				A THE RESERVE
				A STATE OF THE STA

VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6784 CERTIFICATE OF DEATH

Reg. Dist. No. (16783

	1. PLACE OF DEATH O. COUNTY Dorchester MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Naryland b. COUNTY Dorchester								
	b. CITY OR TOWN (I RURAL and give as Cambrid	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give gearest town)  Cambridge  1 day						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Vienna - Rural							
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge Maryland Hospital					d. STREET ADDRESS  / R.F.D. #1, Box 116						e. IS RESIDENCE ON A FARM? YES A NO			
100	3. NAME OF DECEASED (Type or print)	Fir Les		Middle E <b>llen</b>		Jones		4. DATE OF DEATH				y \	reor 958		
1	Female	6. COLOR OR RACE Negro	7. MARR	IED 🔀 NEVER MARRI		B. DATE OF BIRTH		1900	9. AGE (In years last burthday) 57 yrs.	IF UNDE Manths	Doys				
1	Oa. USUAL OCCUPATION during most of work Housewood	ing life, even if retired	dane 10b.	KIND OF BUSINESS O	OR INDUS				Maryland		U.S.A		COUNTRY		
ī	3. FATHER'S NAME	47			100	14. MOTHER'S									
L		es Farrare					a Pin	kett							
	S. WAS DECEASED EVEI (Yes, no. or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO 19-05-0751		harles J	ones,	Sr.,	Vienna,	ress Mary	land	, RF	D		
	Conditions, if or gave rise to it cause (a), stating lying cause lost.	the <u>under-</u>	911	renel		line	Alie	ul	itis	u.		ET AND			
0	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ON INTROUTING TO DE	AIH BUI	NOT RELATED TO	THE TERMIN	NAL DISEAS	SE CONDITION GI	VEN IN PA	ART 1(o) 11	19. WAS AUTOPSY PERFORMED? YES NO			
		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	CCURRE	). (Enter nature of	injury in P	art I ar Por	t II of item 18.)						
	20c. TIME OF INJUR Hour a.m. p. m.	Y Manth, Day, Yes	20d. IN While at work	Not while at wark	20e. PLA foc	CE OF INJURY (Harry, street, affice	lame, farm, bldg., etc.	20f. (City	y or tawn)		(County)	M	(State)		
	actual signature PHYSICIAN'S NAME (Type)	at I attended the	1.50	honia	4	accurred at	8:20A Si W	M, france (S)	m the causes of treet, city or town,	and on plate)	the dat	te state			
L	20. BURIAL CREMATION REMOVAL (Specify) BUTIAL	June 29,		Vienna C				Vier		land		(State	*)		
2	J.J.Frampto	m and Son,	Fede	ralsburg,	Mary	land	240. REC'E	BY REGIST	11200	STRAR'S		E			

# TOTAL DE SECRETO ( 1900 a Thereto Lorge) and the state of t and their traditional strength of the

VS A15 (4) 15M 9/SS 1. PLACE OF DEATH
a. COUNTY

NAME OF DECEASED

S. SEX

Male

(Type ar print)

13. FATHER'S NAME

No

10a. USUAL OCCUPATION

15. WAS DECEASED EVER

18. CAUSE OF DEATH

Canditians, if an

gove rise to im cotise (o), stating th

lying couse lost

22a. BURIAL, CREMATION,

22b. DATE THEREOF

CERTIFICATION

MEDICAL

during most of working

b. CITY OR TOWN (If

RURAL and give near

d. NAME OF HOSPITAL OR INSTITUTION Cambridge

Doro

MARYLAND	STATE DEPARTM	ENT OF HEALTH	I-BALT	IMORE, 1	8				
6785	CERTIFICA	ATE OF DEATH	1		Reg. Dist. I	No. 06784			
hester Co.	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Md.	ere deceased	1		ster Co.			
outside carporate limits, write est tawn) Md.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  X Golden Hill Md.							
Md. Hospital		d. STREET ADDRESS Golden Hill			7-13	e. IS RESIDENCE ON A FARM? YES NO			
First Oscar	Middle A	Lost Keene	4. DATE OF DEATH	Mont June	њ 1	Day Year 19 58			
		8. DATE OF BIRTH 6/22/70			Manths Day	EAR IF UNDER 24 HRS.			
(Give kind of work dane 10b. g life, even if retired)	. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR Golden Hill Md. USA.							
mas H. Keene		14. MOTHER'S MAIDEN NAME  Eliza Travers							
N U. S. ARMED FORCES? 16. yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17. II	Mrs. Louise	Tinkha	am Pens	es cola F	la.			
Enter only one couse per li I WAS CAUSED BY: MMEDIATE CAUSE (o)	ne for (a), (b), and (c).]	uler-re	nel	2 dise	are "	THE WALL SETWEEN ON THE			
, which mediate under DUE TO									

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)

19. WAS AUTOPSY PERFORMED?

YES DO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)

Haur a. m.

p. m.

19 While of work at wark at wark 2 / 27 , 1958 to 1958, that I last saw the deceased from 2 / 27 , 1958 to 1958, that I last saw the deceased from 1958, that I last saw the deceased from

alive an JUNE 1958, and that death occurred at 950 M, from the causes and an the date stated above

ADDRESS (Street, city or town, state)

DATE SIGNED

SIGNATURE

SIGNATURE

ADDRESS (Street, city or town, state)

DATE SIGNED

SIGNATURE

22d. LOCATION (City, town, or county)

(Stote)

PHYSICIAN'S WALTER E. TOUBY UR CAMBRIDGE MD

REMOVAL (Specify)
Burial

6/3/58
Episcopal Church Cemetery Taylors Is.
Md.

23. FUNERAL DIRECTOR'S SIGNATURE
LeCompte Funeral Service Cambridge Md.

DATEUN 5 '58

Under Address Signature

DATEUN 5 '58

22c. NAME OF CEMETERY OR CREMATORY

			or Hillowine Co.
			pro-line dell'illiano
			A THE STATE OF THE
Companies   Comp			
			long all services to the services to the
Direction of the last of the l	ALL A		
XXXIV.	AND DESCRIPTION		
		No.	The state of the state of the state of
18/8/00/21		est websetti at	e the following to being

deoth:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH week to the part of the parts of and the College Services and the Colle Hicker XIM 3 + Bleck to

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GOR STATE	)
HEALTH DEPT.	

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please secured certificate, writing the word "pending" in penal in them 18. Give Pages 1, 2, and 3 to the funeral director. Page should be the formal penal form plant. Page 5 may be refunded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refunded for your files. FUNERAL DIRECTOR: Page 3 should be used as a burial-iransit permit. File pages 1 and 2 with the 5.4. Board of Health, its designated agent, prior to burial, cremation, or removal, any event within 72 hours ofter death.

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VS. A15ME	
5M 2/57	

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6787 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1	0	pay	0	0	
Req.	Dist.	Nd)	U	1	3	13	

1. 6	COUNTY DOP	chester Co		MARYL		2. USUAL RESID	N.J.	here decea	b. COUN	ry _ U	nkno	
ь	CITY OR TOWN (III	autside corporate limits, write	RURAL	c. LENGTH OF STAY IN	v 1b	c. CITY OR T	OWN (IF	outside cor	porote limits, write			
1	Cambridge	Md.		L Day		Glouc	ester	r N.J	/.	7 x	3	
0			If not in hos	pital, give street address)		d. STREET AD		7 74 9 0	•	1/1		. IS RESIDENCE
	Cambridg	e Md. Hosp	ital			Gloud	este	r N.J	•			YES NO
3. 1	NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE OF	Mon	lh	Doy	Yeor
	Type or print)	Iv	. V	Leonard		Lowe		DEATH	Jun	е	29.	19 58
5. 5	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. D	ATE OF BIRTH			9. AGE (in years last birthday)	IF UNDER	YEAR I	F UNDER 24 HRS.
1	Male	White	WIDOWER	DIVORCED [	נוכ	2/24/19	218		39 yrs.	Months [	Days 1	Hours Min.
10a	USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLAC	CE (Stole o	or foreign o	ountry)	12. CITIZ	EN OF	WHAT COUNTRY?
d	Boiler Ma		Sì	nip Yard		Near	Cami	bridg	- Md		UBA	
13.	FATHER'S NAME	1104	1 04	Lap Long or	Ti	4. MOTHER'S M			C Hus		ODA	
	Do	miol C To										
15.		niel C. Lo		SOCIAL SECURITY NO.	17 INF0	DRMANT	mma 1	Phill	LDS Addres			
	, no, er unknown)	(It yes, give war or dates of	service)	0 1								
-		World War		13-18-4595	Mrs	Willia	ım Hai	rvey	Hurlo	ck Md.		
		H Enler only ane cou	nse per line	A.								ANO OFATH
	PART I. DEATH WAS CAUSED BY: CEREBRAL HEMORRHAGE 20 HRS											
	33/X DUE TO											
	Conditions, if any, which) (b)											
	gave rise to immed (a), stating the u											
	couse last.	(c)										
2	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH	BUT NO	T RELATED TO TH	HE TERMIN	VAL DISEAS	E CONDITION GI	VEN IN PART	1(o) 19.	WAS AUTOPSY
ATK	OF A PARTY										YE	PERFORMED?
CERTIFICATION	20g. EXTERNAL CAU PRIMARY G or CON CAUSE OF DEATH.	SE WAS	b. DESCRIBE	HOW INJURY OCCURR	ED. (Ente	er noture of inju	ry in Port	For Port H	of item 18.)			
	20c. TIME OF INJUR	Y Month, Doy, Yes	or 20d 1	NJURY OCCURRED 20e	PLACE	OF INJURY (He	ome form	206 (5)	or lown)	(Cou	Puter	(Stote)
MEDICAL	Hour a.m. p.m.	19	While		factory	, street, office b	oldg., etc.)	201. (CII)	or rown)	(000)	'''71	(31010)
	21. I certify th	at I taok charge	of the r	emains described	above	, held an A	Autopsy	[], I	nspection [	Inquir	/П.	and in my
	apinion death	resulted from:	Natural o	causes . Accide	ent 🗌	, Suicide	□, н	lomicide	, Undet	ermined m	nanner	
	ACTUAL C	000.	2/		-	£11156 1.61	<b>Market Water</b>					DATE SIGNED
	SIGNATURE_	agrea	C. K	nongono		M.D. CHIEF ME	DICAL EXA	WHAEK [			.7	11/50
	EXAMINER'S A	15050	) MA	22/22/1	,			L EXAMINE			1	130
	NAME (Type)			ARYANOV	h	-3 /		XAMINER [				
770	REMOVAL (Specify)	N. 22b. DATE THEREC	7(	22c. NAME OF CEMETER	RY OR CR	REMATORY		22d. LOCA	TION (City, town,	or county)		(Stole)
www.eff	Burial	17/2/58		Salem Ceme	tery			Saler		Id.		
	FUNERAL DIRECTOR'S			ADDRESS		2	4o. REC'D	BY REGIST		STRAR'S SIG	NATURE	
L	eCompte Fi	meral Serv	rice	Cambridge 1	Md.		DATE JI	ñF ,	'58 CC	I shedi	ilh	

MEDICAL EXAMINER'S CERTIFICAL E CEDENTI	
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AND THE SERVICE OF THE CONTROL OF TH	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fig...

TO FUNEXAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrement to burial, cremation, VS. A15ME(5)

or removol.

5M 9/55

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	6808	EDICA	L EXAMINER	2'5	CERTIFICA	TE OF	DEATH	Reg.	Dist. No	167	87
1. PLACE OF DEA	тн				. USUAL RESIDENCE	Where decea			dence be	fare adm	ission)
	Dorchester Co		MARYLAN	0	o. STATE Md	•	b. COUN	Do	ches	ter	Co.
b. CITY OR TO and give near	NN (If outside corporate limits, writed town)	te RURAL	c. LENGTH OF STAY IN	Ь	c. CITY OR TOWN (	If outside cor	porate limits, writ	RURAL a	nd give n	earest to	wn)
Cambridg			Life		X Cambridg	@ RFD	# 3				
	ospital or institution ridge RFD # 3	(If nat in hosp	sital, give street address)		/d. STREET ADDRESS Cambridge	RFD #	£ 3			ON	A FARM
3. NAME OF	Fi	rst	Middle		Last	4. DATE	Man	th	Day		rear
(Type or print)	James			Mo		OF DEATH			3 2		9 58
5. SEX		7. MARRIE	NEVER MARRIED			1	9. AGE In years	IF UNDE	R TYEAR		ER 24 HR
Male	White	WIDOWED	Table 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-	/21/1903		last birthday)  5) yrs.	Months	Days	Haurs	Min.
100. USUAL OCCI	PATION (Give kind of wark warking life, even if retired)	done 10b. Ki	ND OF BUSINESS OR IND	JSTRY	11. BIRTHPLACE (Stote	or fareign	country)	12. C	TIZEN O	F WHAT	COUNTR
	mer	Fa	rming		Cambrid	ge BET	# 3		USA		
13. FATHER'S NA	AE			1	. MOTHER'S MAIDEN	7.10	- 11 - 1		000		- 1
James W. Mc Cready					Annie	Bower	e				
	D EVER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO. 17	. INFO	RMANT	DOWCI	Addres	8			
No.	(If yes, give war or dates of		9-1/1-1/526	Mno	James Mc	Cnandy	Camb	ridge	ייות ה	11 0	
	DEATH [Enter only one ca			1	OZINCS TIC	or early	Cano	TTUE		INTERVAL BETWEEN	
1	DEATH WAS CAUSED BY:	Guns	shot wound	br	ain				ONSI	T AND DE	tan
976× IMMEDIATE CAUSE (6) GRANDETO WORLD DIE TO										0 042 11	
Condition of the state of											
gave rise to immediate cause											
(a), stating the underlying DUE TO											
(10)											ALIEORCY
PART I	, OTHER SIGNATIONAL CON	onions co	VIKIDOTINO TO DEATH OC	INO	RELATED TO THE TERM	MINALUISEAS	E CONDITION GI	VEN IN PA		PERFC	RMED?
200 EVTERNIA	CALISE WAS	OL DESCRIBE	HOW IN INDIANCE	10.0						YES 🗌	NO 🖸
20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING D CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  Self inflicted with 12 g. Winchester shot gun.											
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.)  While Not while foctory, street, affice bldg., etc.)  Not work Home  Cambridge Dor Md.											
Haur a.m. 6/13 19 50 While Not while of work at Home Cambridge, Dor. Md.											
	y that I took charge					sy 🔲, li	nspection 🔀	, Inqu	iry 🔲	, and	find th
death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause											
SIGNATURE THE MEDICAL EXAMINER [										DATE S	IGNED
					ASSISTANT MEDIC	CAL EXAMINE	R				
EXAMINER'S NAME (Type)	Dr. John M	Mace .	r.		DEPUTY MEDICAL	EXAMINER F	0 6/	16/5	8		
220. BURIAL, CREA	AATION, 22b. DATE THEREC	OF 2	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, town,			(State	e)
Burial	ecify) 6/16/58		Christ Chu	nal	Comotown		ridge		Md.		
	CTOR'S SIGNATURE		ADDRESS	1.01		'D BY REGIST		ISTRAR'S S		}∉	
	Funeral Serv	rian	Cambridge Md		DATE	mm 1 9	'58 04	. /		1	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Vithin 2	t. File
em 18.	forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your free TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrating to burial, cremation or removal.
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rtificate	r's Offi
This ce	avid be
MINER:	edical l
AL EXA	Chief M TOR: Po
MEDIC/	to the O
PUTY	NERAL
TO DE	TO FU
VS. A	15ME(5)

5M 9/55

MARYLAND STATE	DEPARTMENT C	F HEALTH-BA	LTIMORE, 18
6788 MEDICAL EXA	MINER'S CEI	RTIFICATE OF	DEATH

06789

I. PLACE OF DEATH	1			2. USUAL RESIDE	NCE (Where deced	med lived. If institu	tion: Residen	ce before	odmission)
o. COUNTY	rehester		MARYLAND	o. STATE	hea f	b. COUNT		house	
	N (If outside corporate limits, write	RURAL C. L	ENGTH OF STAY IN 16	T I WAR THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN 1 TO T	VN (If outside co	rporote limits, write		heste	
and give necrest	town)			12	THE COURTS CO.	porote ininis, wine	MONNE GING	Size ileoie	at town)
Ca	mbridge	er	tire life		bridge				
d. NAME OF HO	SPITAL OR INSTITUTION (IF	not in hospital,	give street address)	d. STREET ADDI	RESS			0.	IS RESIDENCE ON A FARM?
Co	mbridge_Marv	and Hos	nital	7071	Pv1214 P	ee Stree	+	YI	ES NO
3. NAME OF	First		Middle	Lost	4. DATE	Mont		Day	Year
(Type or print)	Clarence		Henry	Mill	OF		1958	ouy	19
5. SEX	6. COLOR OR RACE	MARRIED	NEVER MARRIED [ 8	. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF	UNDER 24 HRS.
M-J-	777240	WIDOWED T	DIVORCED [	M-mah 2 7	doo	lost birthday)	Months D	lays Ha	iurs Min.
Male	ATION (Give kind of work do			March 3.1	(State on females		DO CITIZ	FNI OF W	UAT COUNTRY
during most of wa	rking life, even if retired)	TOD: KIND	OI 003111233 OK 1140031	NI III. BIRTHI DACE	(Side of Idreign	country)	12. Ciliz	EN OF W	HAT COUNTRY
Sail & I	wming Maker	retired		Cambr	idge			U.S.	
13. FATHER'S NAME				14. MOTHER'S MAI	DEN NAME				
	Joesph & Mil	130		Tenni	a Price				
15. WAS DECEASED	EVER IN U. S. ARMED FORCE		AL SECURITY NO. 17. II	NFORMANT	e LITER	Address			
(Yes, no, or unknown)	(If yes, give war ar dates of ser	rvice)	The state of the s		43. 85 3543				
240	140	21/-	03-8969 A Mi	'S.MIlzabe	th K.Mil	18,121 A.	Race S	st., Ca	embridg
18. CAUSE OF E	EATH [Enter only one cause	per line for (a)	), (b), and (c).]					INTERVAL	BETWEEN
PART I. D	EATH WAS CAUSED BY:	Carcin	nome of Pa	neress				ONSET AN	nown
157X		00101	1101110 01 10	1101 000				CILLE	TIOAATI
	DUE TO								
Conditions, if									
gave rise to im (o), stating th									
couse last.	(c)								
Z PART II 6	OTHER SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH BUT N	OT PELATED TO THE	TERMINIAL DISEAS	E CONDITION CIV	ENI INI DADT	1/-1 10 14	VAC ALITORCY
90220				IOI KEDILD IO INE	TERMINAL DISEA.	SE CONDITION GIV	EN IN PAKI	PE	ERFORMED?
2 FLEGI	ture neck le							YES	NO [
PART II. C	CAUSE WAS CONTRIBUTING 20b.	DESCRIBE HOY	V INJURY OCCURRED. (E	nter nature of injury	in Part I ar Port I	of item 18.}			
CAUSE OF DEAT	TH.	Fell of	ut of bed	6 A.M. 6	5/10/58				
3 20c. TIME OF IN			Y OCCURRED 200. PLA		form 200 ICI	u as tausal	(Coun	4.4	/Ca-1-3
Hour o.	m. //20 =	While	Not while of factor of work Hon	ory, street, office bldg	]., etc.)			нуј	(Stole)
* D: AM. p.	m: 6/19 1958	at work	of work 🖾 HON	1e	Ca	mbridge	, Dor		Md.
21. I certify	that I took charge	of the remo	ins described obo	ve, held an Au	topsy X, 1	nspection .	Inquiry	П. о	nd find that
	ed from: Notural co				The second secon		. /		ia iiia iiio
dcom reson	<u> </u>	20000 41219	, 30F	cide [_], Hom	icide [, U	nderermmed C	ouse [].		
ACTUAL			0					DA	TE SIGNED
SIGNATURE	tree 1	M	u y	M.D. CHIEF MEDIC	CAL EXAMINER			54	IL SIGNED
1			M	ASSISTANT A	EDICAL EXAMINE	ER 🗍			
EXAMINER'S NAME (Type)	Dr. John Ma	ace Jr		DEPLITY MED	ICAL EXAMINER	6/	26/58		
			11115 05 05 155				1-		
FEMOVAL Spec	TION, 226. DATE THEREOF		NAME OF CEMETERY OR			TION (City, town,	or county)		(Stote)
Bullat	June 28,1	1778 Ua	mbridge Cem	etery	Cambi	ridge, Md.			
23 FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS	240.	REC'D BY REGIS	TRAR 24b, REGIS	TRAR'S SIGN	NATURE	
DOLLIE	TIK. JU	MURI	Cambridge M		re ENIM O O	158 (819	1021	2h	
- 4 MMC		0 0000	Campridge M	d. DA	TE JUN 3 0	no the	1 - 1000		

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		and the same of th		CONTRACTOR OF THE PROPERTY OF
			A PRINCIPLE OF THE	
	REAL CHARLES			
		Shirt Standard Co.		
		LO O SEASON PERSONNEL		
				W. Agents to
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		And the residence of the control of		

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VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

789 CERTIFICATE OF DEATH

06790

	010	39	CL	KIIIIC		. 01 2	LAIII			Reg. D	ist. No.		
1. PLACE OF DEATH					2. 1	USUAL RESID	ENCE (Whe	ere decease	d lived. If institut		nce befor	e odmis	sion)
Do:	rchester Co.	e		MARYLAND		o. sinit	Md.		b. COUNTY	Dor	chest	ter	Co.
b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest town)	its, write	c. LENGTH OF	STAY IN 16		c. CITY OR T	OWN (If ou	itside corpo	rote limits, write I	URAL ond	give nea	rest tow	n)
Cambridge	Md.		4 Mos.			Cambri	dge Mo	d. /3	3				
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	give street	oddress)			d STREET A	DDRESS	/	1			o. IS RE!	SIDENCE A FARM?
Cambrid	ge Md. Hospi	ital		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		506 0	akley	St.					] NO [
3. NAME OF DECEASED	Fir	'st		Middle		Last		4. DATE OF	Moi	nth	Day	y	Year
(Type or print)	John		Ţ	N.	Mo	owbray		DEATH	June	9	30	9	19 58
5. SEX	6. COLOR OR RACE	7. MARR	NED NEVER	MARRIED [	B. DA	ATE OF BIRTH		2011/01	9. AGE (In years lost birthday)				ER 24 HRS.
Male	White	WIDOWE		ORCED [	2/	/11/77			80 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSIN	NESS OR INDU	STRY	11. BIRTHPU	ACE (State o	or foreign co	ountry)	12. C	TIZEN O	F WHAT	COUNTRY
Laborer			General	Labor		Dore	hester	r Co.			USA		
13. FATHER'S NAME					14	. MOTHER'S	MAIDEN N	AME					
J	ohn W. Mowbi	ray				Anni	e Pati	tison					
15. WAS DECEASED EV	FR IN U. S. ARMED FOR		SOCIAL SECURI	TY NO. 17.	INFOR	MANT			Add	ress		-	
_No		- 1	111-07-7	736 I	Irs	John 1	W. Mor	wbray	Cambri	idge !	Md.		
	EATH [Enter only one co	use per lir	e for (o), (b), or	nd (c).]							INTE	RVAL BI	TWEEN
PART I. DE	FATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	M	ALIC	= N/A	NI	M	EL.	14 N/	OMA		UN		OWN
190,0	DUE TO												
Conditions, if		1									4		
gove rise to couse (o), stoting	immediate (											0.14	
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PART II. O	THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING	TO DEATH BU	TOM	RELATED TO	THE TERMIN	NAL DISEASI	CONDITION GIV	EN IN PA	RT 1(o) 15	. WAS	AUTOPSY
3	MY	1213	=R7	EN	S	101	V					YES	NO NO
PART II. O	VAS UNDERLYING	20b. DESC	CRIBE HOW INJ	URY OCCURRE	D. (En	iter noture af	injury in Po	art I or Port	I It of item 18.)				
	G CAUSE OF DEATH Y MEDICAL EXAMINER)												
20c. TIME OF INJU			NJURY OCCURR	ED 20e. PI	ACE C	OF INJURY (F	lome, form,	20f. (City	or town)		(County)		(State)
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21 L certify	that I attended the	decease	ed from	3/	6	1000	10 6	12	9 105	Short I	lastea	w the	deceased
alive on 6	129	19	~ ~	that death		11:5	OP	M from	n the causes of				
dive on	-51 11		7/		1000	orreu Gi_	Α		reet, city or town,		ne dai	e state	ed above
ACTUAL SIGNATURE	Holler	6	Au	nhy	1	C	AN	1 4 1	ZIDG	E		/,	JULY-
		- 7-	X .	. 11	7.0.	. 6		)ladib.					
PHYSICIAN'S NAME (Type)	VALTEX	Z /=	6 6	MUS	<b>Y</b> -	118.			1412	YL	-1-	VD	
22a. BURIAL, CREMATI	ON, 226. DATE THEREC	)F	22c. NAME O	F CEMETERY C	OR CRE	MATORY		22d. LOCAT	ION (City, town,	or county)	1-	(Stol	(e)
REMOVAL (Specify Burial	7/2/58			idge <b>E</b> e					oridge		Md.	(5.0)	
23. FUNERAL DIRECTO			ADDRESS	250 00	ا پایادر	001.7	24o. REC'D			STRAR'S SI		E	
LeCompte	Funeral Ser	rice	Cambra	idge Mo	1.		DATEUL	7 '58		1	-1		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH C704

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be plained by the hospital or ottending physician.

TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and completely filled 2 ky the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the 2 should be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs offer death.

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VS A1S (4)

	0/31	CLIVI	IIICA	IL OI DEAT	• •		Reg. Dist.	No.	
1. PLACE OF DEATH				. USUAL RESIDENCE (M	/here deceases		on: Residence	before admir	ssion)
	chester Co.	MA	RYLAND	o. STATE		b. COUNTY	Dorch	nester	Co.
b. CITY OR TOWN (	If outside corporate limits, v	rite c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write R			
RURAL ond give no Cambride		25 Yea	re	Cambridge	Md				
d. NAME OF HOSPI	TAL (If not in hospital, give		10 1/	d. STREET ADDRESS	1101			e. IS RE	SIDENCE
OR INSTITUTION	cust St.			776 To	cust 6	+			A FARM?
3. NAME OF	First	Midd	lle l	Last	4. DATE	Mon	ah.		
(Type or print)	THE STATE OF THE S				OF DEATH		1871	Day	Year
5. SEX	Louise Louise	Taylor  MARRIED MEVER MAR		Porter DATE OF BIRTH	Jun 111	9. AGE (In years	TE HNDER 1	YEAR IF UND	19 58
			_			lost birthday)		Days Hours	
Female	MITTOC	DOWED DIVOR	- Court	1905		53 yrs.	10 0000		
during most of wor	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS	OR INDUSTR	11. BIRTHPLACE (Stote	e or foreign co	ountry)	12. CITIZ	EN OF WHA	T COUNTR
Nurse		Nursing Ho	me	Philadel		a.		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Micha	ll Westen Ta	vlor		Sa	lly Woo	oten			
	R IN U. S. ARMED FORCES		IO. 17. INF	ORMANT		Add	ress	C 71	
(res, no. or onenown)	(If yes, give war or dates of service								
118. CAUSE OF DEA	ATH [Enter only one couse	per line for (a), (b), and (	c).]	0	0			INTERVAL B	ETWEEN
	ATH WAS CAUSED BY:	Carron a	4.]	The	Larci.			ONSET AND	
1120.1	IMMEDIATE CAUSE (o)	Cyrorco	1	1 arom	2020			1/2	are
	DUE TO	Jun 7. 6	7 6	21.1/1	1. 1.	de			
Conditions, if o		7/marent	ru	The ous	une	Slag	_	11	7/3
coese (o), stoting								/	
lying couse lost.	(c)								-14
PART II. OTI  200. ACCIDENT W  OR CONTRIBUTING  (If EITHER, NOTIFY	HER SIGNIFICAND CONDITI	ONS CONTRIBUTING TO	EATH BUT N	OT RELATED TO THE TERA	AINAL DISEAS	E CONDITION GIV	EN IN PART 1	(o) 19. WAS	AUTOPSY ORMED?
3 260XX	Mahele	, mel	tele	~ · ~	5-41	7 7			NO [
200. ACCIDENT W	AS UNDERLYING   206	. DESCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port 1 or Port	I II of item 18.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
TO 20c. TIME OF INJUR	RY Month, Day, Year	20d. INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, for	m. 20f. (City	or town)	ICO	unty)	(Stote)
Hour o.m.		While Not while	focto	ry, street, office bldg., et	(c.)		1000	,,,	(31016)
₹ p. m.	17	of work of work	1	117	2	1 7			
21. I certify th	nat I attended the de	ceased from	- 4	, 19/, to/	suc.	19/6	,that I la	st saw the	decease
alive an tu	x )2	19 / and the	at death o	ccurred at	M, fran	n the causes o	nd an the	date stat	ed abov
0	0 1/2 1/20	RI				treet, city or town,			ATE SIGN
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3101141016		-					/		
PHYSICIAN'S NAME (Type)	best E.	Buskey .	m. A	Comple	idas.	- Those	ulan	1	
	ON, 22b. DATE THEREOF	22c. NAME OF CE	METERY	DEMATORY	Indiana.	Y	15.45.6		
REMOVAL (Specify)				REMAIORY		TION (City, towg,	or county)	(Sto	ite)
Burial	6/25/58	Dorchest	er Co.			ridge	Mo		
23. FUNERAL DIRECTOR		ADDRESS			D BY REGIST		TRAR'S SIGN	ATURE	
recompre La	uneral Servic	e Cambrid	ge Md.	DATE J	UN 3 0 15	58 (862	A grass	ch.	

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1. PLACE OF DEA o. COUNTY

> Eastern NAME OF DECEASED (Type or print)

Male 10g. USUAL OCCU during most of Ca

13. FATHER'S NAA

15. WAS DECEASE

18. CAUSE OF PART I

Canditions, gave rise to (a), stating cause last. PART II

EXAMINER'S

NAME (Type)

\_REMOVAL (Specify)

220. BURIAL, CREMATION, 226. DATE THEREOF

5. SEX

Dorche b. CITY OR TOV and give neare Cambr d. NAME OF H

M

16

MARYLAND STATE DEPARTME				Reg. Dist.	No. () ()	5794
Exter, Cambridge MARYLAND	2. USUAL RESIDENCE (V	Where deceased liv		ianı Residence	before adm	ission)
vN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 1b 11 town)  dge kristisks  19 days	c. CITY OR TOWN (I	f outside corporate sfield	limits, write	RURAL and giv	ve nearest to	iwn)
OSPITAL OR INSTITUTION (If not in hospital, give street address)  Shore State Hospital	d. STREET ADDRESS Box 12	26a RFD	#1			ESIDENCE A FARM?
	Purcell	4. DATE OF DEATH	Manth 6			Year 1958
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. White WIDOWED DIVORCED	Sept. 2, 18	los	GE (In years I bighday) OU yrs.	Manths Day		Min.
PATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTION of the control	RY 11. BIRTHPLACE (Stole Maryls		y)		OF WHAT	COUNTRY?
Thomas Purcell	14. MOTHER'S MAIDEN I	7				
(If yes, give war or dates of service)	FORMANT EDICAL RECORD	DS Eas	Address stern S	hore S	tate H	lospita.
DEATH [Enter only one cause per line for (a), (b), and (c).] DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Pneumothora	×				NTERVAL BETWO	
if any, which (b) Emphysema					?	
the underlying DUE TO (c)					,	
other significant conditions contributing to death but needed arteriosclerosis • Chroni	c brain sync			N IN PART 1(		AUTOPSY DRMED?
CONTRIBUTING A Patient Robert Bates	choked this	s patient				
INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INTHE HOTE, for	n, 20f. (City or to	wn)	(County	)	(State)

200. EXTERNA
PRIMARY O

20c. TIME OF While of work of work West Ward Toilet 4 #15 x30% 6/27/58, Cambridge Dorchester Maryland

21. I certify that I took charge of the remains described above, held an Autopsy 1, Inspection 1, Inquiry 1, and find that death resulted from: Natural causes 🔊, Accident 🔝, Suicide 🔝, Homicide 🦳, Undetermined cause 🗍.

ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE

DATE SIGNED

22d. LOCATION (City, town, or county)

ASSISTANT MEDICAL EXAMINER John Mace Jr. DEPUTY MEDICAL EXAMINER

6/28/58 (State)

CRISFIELD, 23. FUNBRAL DIRECTOR'S GIGHATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE 1111 9

22c. NAME OF CEMETERY OR CREMATORY

VS. A15ME(5) 5M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6792

#### **CERTIFICATE OF DEATH**

Reg. Dist. No. 06795

								110810	101. 110	,	
1. PLACE OF DEATH a. COUNTY Don	chester Co		MARYLAND	O. STATE	DENCE (Whe	ere deceased	lived. If instituti b. COUNTY			ore odmiss	
b. CITY OR TOWN (I	If outside corporate limi		c. LENGTH OF STAY IN 16			tside corpor	ote limits, write R				
RURAL ond give no Cambridg	200		1 Day	Cambri	ldge Mo	d. /	3 1				
	TAL (If not in hospital, s	give street		d. STREET A			,			e. IS RES	IDENCE
	Md. Hospi	tal		Cambri	idge Me	d.				YES [	NO 🔀
3. NAME OF DECEASED	Fi		Middle	Los	11	4. DATE OF	Mon	nth	Do	ру	Yeor
(Type or print)	Charl	es	I,	Robinso		DEATH	June		29		19 58
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. DATE OF BIRT	Н		P. AGE (In years lost birthday)	IF UNDER			1
Male	White	WIDOW	ED DIVORCED	6/28/58	3	10.11	yrs.	Months	Days	Hours 20	Min.
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPI	LACE (State o	or foreign co	untry)	12. CI	TIZEN C	F WHAT	COUNTRY
None	ang me, even m remed		None	Can	nbridge	e Md.			USA		
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	AME			7.7.4		
Ch	arles G. R	obins	son		Bettv	R. Sh	ores				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		INFORMANT			Add	ress			
No. or unknown)	(If yes, give war or dates of s	-	Vone	Charles	G. Re	obinso	n Camb	oridge	e Mo		
	ATH   Enter poly one co		for (a), (b), and (c).	· ·			AA OCUIIA		INT	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	. (	Carebal	an	Mr.C	0 1			ON	SET AND	DEATH
762.5	IMMEDIATE CAUSE (d	-	encine		-64-	-			-		
7	DUE TO	,	note locate								
Conditions, if o		)(	an income	, 350 4					-		
couse (o), stating		)	9/10	Line &			4				
lying couse lost.	) (c		raccas	1010	1		\				
PANT II. OTH	1ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(o)	PERFO	RMED?
(IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in Po	ort I or Port	II of item 1B.)				
	Y Month, Doy, Ye			LACE OF INJURY	Home, form,	20f. (City	or town)	(	County)		(Stote)
Hour o.m.	19	While of wor	Not while	octary, street, affic	e blag., etc.)						
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alive on	6-24-5P	19	Villa .	, 17	<u>_</u> , Iu	A4 6					
dive on		12	and that deat	n accurred of			out, city or town,		ne do		ed abov ATE SIGNE
ACTUAL ( DO	1 Du ffee	12)	111/00	200		Arcy	di, chy of lown,	A.		7	2
SIGNATURE	00,000	Y	account t	M.D.		sing !	and	LIT			2-36
PHYSICIAN'S NAME (Type)	Albert	E.	Bunkey-	Can	nbre	dge	-m	Rey.	la	nd.	
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC	)F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATI	ON (City, town,	or ounty)		(Stot	e)
Burial	6/29/58		Dorchester M	em. Park		Cambr	idge Md				
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SI	GNATH	RE	
LeCompte Fu	meral Serv	ice	Cambridge Md.		DATE Y	8 '5	8 100	in elle	uh		
20673	32 EX	13									

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 'DIRECTOR: After this certificate has been signed by the attending physician and campletely filled Then please remove carban popers. Pages event within 72 haurs after death. page 3'shauld be detached for use as the burial-transit permit. the registrar priar to burial, cremation, ar removal, and th any sined by the hospital or attending physician. TO FUN

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11tem 9 FilmG231 7-7-58 et CERTIFICATE OF DEATH

6793

Reg. Dist. No. 06796

1. PLACE OF DEATH				2.	USUAL RESIDEN	NCE (When	re deceased live		on: Residen	ce before	admissio	n)
o. COUNTY	orchester	Co.	MARYLAN	D	o. STATE	d.		b. COUNTY	Dorel	heste	r Co	,
	f outside carporote lim		c. LENGTH OF STAY IN 1	ь	c. CITY OR TOV		tside corporate	limits, write R			-	•
Cambridge M			3 Days	1/3	Cambri	dge 1	Id.					
d. NAME OF HOSPIT	AL (If not in hospital, g	give street	oddress)		d. STREET ADD	RESS				0.	IS RESID	ENCE
Cambridge M	ld. Hospita	1		1	110	Chu	rch St.				ON A F	
3. NAME OF	Fir	rst	Middle		Lost		4. DATE	Mon	th	Doy	Ye	or
(Type or print)	Margar	et	C.	S	hepherd		OF DEATH	June	е	5.	15	58_
5. SEX	6. COLOR OR RACE	7. MARS	RIED MEVER MARRIED	] B. D.	ATE OF BIRTH		9. A	GE (In years	-	1 YEAR IF		
Female	White	WIDOW	ED DIVORCED	1 8/	37/81		1/1	73 yrs.	Months	Days H	lours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE	E (Stole or	r foreign country	y)	12. CIT	IZEN OF	WHAT C	OUNTRY
	ing life, even if retired	'	Tomo		TT-s 2		- 70 -					
None  13. FATHER'S NAME		1 3	lone	11	I. MOTHER'S MA	ntown				USA		
					. MOTTLE S MA	AIDEN NA	OVIL					
Edward C						Mai	rgaret					
15. WAS DECEASED EVER	R IN U.S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	7. INFO	RMANT			Add	ress			
No			None	Mr.	George	H. SI	henherd	Cami	oridge	- Md		
Conditions, if or gove rise to in cause (a), stating lying cause last.	the under-		ASCUL	-A1	SIVE Z	>13	BEA	SE		ONSET	D	A-Y:
CATIO		51110113	LOTATION TO SEATT	2011101	ACCATED TO TH	TE TERMINA	AL DISEASE CO	INDITION GIV	EN IN FAK		PERFOR!	NO 4
(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature of in	ijury in Pa	rt I or Part II o	Fitem 18.)				
20c. TIME OF INJUR Haur o. m. p. m.	Y Manth, Day, Ye	ar 20d. It While at wor	Not while	PLACE ( foctory,	OF INJURY (Hon street, office bl	ne, farm, dg., etc.)	20f. (City or to	own)	(0	County)		(Stote)
21. 1 certify, the alive on ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	state of the state	decease 190		ath ace	, 1978, curred 3.		M, fram the DDRESS (Street, 5		ind an th	last saw ne date	stated	
220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	)F	22c. NAME OF CEMETER			2	2d. LOCATION				(Stote)	
Burial  23. FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS ADDRESS	Mem		05515	Cambric			Think the		
							BY REGISTRAR	Z4P. YEGIS	STRAR'S SIC	SNATURE		
LeCompte Fu	neral Serv	ice	Cambridge Md		DA	ATE JU	N 3 U 30	-	11			

VS A15 (4) 15M 9/S5

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	CO 45 B D F 3	人名文·马·马尔马(10-4)。 \$P\$\$P\$\$P\$
		whom an arrange from the second secon

b. COUNTY Dorchester e. IS RESIDENCE ON A FARM? YES NO I Year 1058 IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY

Address Myrtle Welch. 1811 Alabama Ave. S.E. Washington INTERVAL BETWEEN ONSET AND DEATH 2 WOOK

Manths

PERFORMED? YES NO TO

(County) (State)

6-17- 1958 that I last saw the deceased , and that death occurred at 5:45 P M, from the causes and an the date stated above. DATE SIGNED

22d. LOCATION (City\_town, or county) Federalsburg, Maryland (Store)

DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

240. REC'D BY REGISTRAR

A15 (4) 1SM 10/S7

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MARYLAND STA	TE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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6810 **CERTIFICATE OF DEATH**  06798

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1. PLACE OF DEA o. COUNTY Dor	cheste <b>r</b>		MARY	LAND	2. USUAL RESI		yland	d lived. If instituti b. COUNTY		e before o	
	WN (If outside corporate limgive nearest town)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	outside corpo	rote limits, write F	URAL and g	ive nearest	town)
Fish	ing Creek		life		X	Fish	ing C	reek			
OR INSTITU	HOSPITAL (If not in hospital, or TION Home	give street	address)		d. STREET A		ne				RESIDENCE ON A FARM?
3. NAME OF	Fi	rst	Middle		Las		4. DATE	Mor	ath	Day	Year
(Type or print)	Edw	ard			Simmons		OF DEATH	6		27	19 58
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	ED []	B. DATE OF BIRT	Н		9. AGE (In years			UNDER 24 HRS.
Male	White	WIDOW			3/11/78	384	100	lost birthday) 7 yrs.	Months	Days Ho	ours Min.
10a. USUAL OCCI	JPATION (Give kind of work	done 10b.	KIND OF BUSINESS O	RINDU	71 1		or foreign c		12. CITI	ZEN OF W	HAT COUNTRY?
during most of Warter	of working life, even if retired	b	Seafood		Fis	hing	Creek	Md.		USA	
13. FATHER'S NAM			0000000		14. MOTHER'S			2204	-	01047	
Edw	ard Simmons				Emma	Agron					
15. WAS DECEASE	ED EVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	, 17. I	NFORMANT			Add	ress		
(Yes, no, or unknown)  N O	(It yes, give wor or dates of	service)	No		Leon Tyl	er, F	ishin,	g Creek,	Md.		
18. CAUSE C	OF DEATH [Enter only one co	ouse per li	ne for (o), (b), and (c).	]	^	1					AL BETWEEN
PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c		OVONAV	14 7	Tovore	1605	15			ONSET	AND DEATH
420.	DUE TO		5	1						~	1100
Conditions	, if any, which )	1 /	tyterios	0/2	Vosis					151	HOS
,	to immediate DUE TO										14/1
lying couse		:)									
Z PART	I. OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. V	VAS AUTOPSY
5	17 13	101	41Wal 1	tree	OUVUST	of,	1100	Vta.			ERFORMED?
PART I	NT WAS UNDERLYING [] UTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature o	of injury in I	Part 1 or Par	t II of item 18.)			
Hour	INJURY Month, Day, Ye o. m. p. m.	While	NJURY OCCURRED Not while		ACE OF INJURY ( ctory, street, office			or town)	(C	ounty)	(State)
	fy that I attended the		13.1	l =	2.3 10/52	8 10 1	1	29, 1958	× ab = 4 1 1		Alia diamana
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dive on_		17	and mor	dearn	occurred at			n the causes of		e date s	DATE SIGNE
ACTUAL SIGNATURE_	Mauric	1	Shal		M.D. Fi	hia	19 (V	eek, n	1014	Chi	f 6/29
PHYSICIAN'S NAME (Type		100	I. Shu.	6			/		1		
	MATION, 226. DATE THERE	OF .	22c. NAME OF CEMI	ETERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)
REMOVAL (S Buria		8	Hoosier 1	Memo	rial Chu	rch		ning Cree			
23. FUNERAL DIRE	CTOR'S SIGNATURE	- 11	ADDRESS Car	nbri	doe . Md.		D BY REGIST		STRAR'S SIG		
Le Co	mpte Funeral	Servi	ce, 118 Hi	gh S	it.	DATE EI	1 2 '5	18 Res	2000	1	
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#### 6794

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 

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1. PLACE OF DEATH				2. (	JSUAL RESIDENCE (Who STATE		d lived. If institution		nce befo	re admiss	sion)
	Dorches	ster	MARYLAND		Mary	land	b. COUNT	D	orcl	nest	cer
b. CITY OR TOWN ( RURAL and give n	If autside corporate lim	its, write	c. LENGTH OF STAY IN 16		. CITY OR TOWN (If or	utside corpo	rate limits, write R	URAL and	give nec	arest town	n)
Cambr			8 Yrs.	1	3 Camb	ridge	2				
d. NAME OF HOSPI	TAL (If not in haspital,	ive street			d. STREET ADDRESS	4 4 4				e. IS RES	
OR INSTITUTION	aideo Mona	rl an	d Hospital	/	71710	High	Street				FARM?
3. NAME OF	Fi		Middle	11		4. DATE					
DECEASED (Type or print)	Ann		Warren		Slacum	OF DEATH	June		D <sub>0</sub>	,	Year 19 58
5. SEX			RIED NEVER MARRIED		TE OF BIRTH				R 1 YEAR		
				_		0	9. AGE (In years last birthday)	Months	Days	Hours	Min.
Female	Negro	WIDOW			ly 9, 189		59 yrs.				
during most of war	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY	11. BIRTHPLACE (State of	or foreign co	ountry)	12. C			COUNTRY
Reti	_				Oglethor	pe,	Ga.		U	SA	
13. FATHER'S NAME				14.	MOTHER'S MAIDEN N	AME					4 = 7
/	Unknow	2				Ella	a Lass:	iter			
	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFOR	MANT	-	Adde				
Yes, no. or unknown	(If yes, give war ar dates of s		66-18-0411	To	hnnie Pon	don	Cambri	anh	Md.		
No la cause os os	A 774 Co			00	IIIIIITE FOII	uer,	Campi 1	uge			
	ATH WAS CAUSED BY:		ne for (a), (b), and (c).]						ONS	ERVAL BE	DEATH
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143X	DUE TO										
Conditions, if a		1									
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lying cause last.		1									
Z PART II. OT	HER SIGNIFICANT CON	IDITIONS (	CONTRIBUTING TO DEATH BUT	TON	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
Art			Heart Disease							PERFC	NO X
PART II. OT APT  20g. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (En	ter nature of injury in P	ort I or Por	t II of item 18.)				
20c. TIME OF INJUI	RY Month, Day, Ye			ACE C	F INJURY (Hame, farm, street, office bldg., etc.)	20f. (City	or tawn)		(County)		(State)
nour a.m.	19	While at wor	Nat while	cio. y,	sireer, orrice blog., elc.,						
	nat I attended the	deceas	ed from 7-25-49		. 19 . ta 6	-8-58	19	that I	last so	nw the	deceased
			and that death								
dilve dil	1110	1/2	, and man dean	1 000			reet, city or town,		me da		ATE SIGNED
ACTUAL CO	Can IX	( )	rulce.	1				3.0.07			ALL STOTICE
SIGNATURE	0	0		M.D.	200 Maryl	and A	venue				
PHYSICIAN'S	Albert E. B	unker	r. M. D.		Cambridge	Mar	brefv				
111 1111 (0) [0]											
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY C				TION (City, town, o		51.77	(Stat	e)
Burial	6/13/1	958	East New Ma	ark	et Ceme.	Eas	t New M	arke	et,	Md.	
23. FUNERAL DIRECTOR	S MIGNATURE	0	ADDRESS			BY REGIST				RE	4-1-1
Hurch	Mot le	ch &	Cambrida	re.	Md. DATE III	11 1 0 11		1	- 0		
HO CA	0 4	-	Comment and	7 9	-10.0	1 2 1	" Little	-2/4	JUL IA		****
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	MARYL	AND STATE DEPA	ARTMENT OF	HEALTH—B	ALTIMORE	, 18	173000
	6795	CERT	IFICATE OF	DEATH		Reg. Dist.	No. (800
o. COUNTY	Dorche	ster MAR	YLAND 2. USUAL RE	SIDENCE (Where de	ceosed lived. If ins b, COL		before admirsion)
b. CITY OR TOWN	(It dutside corporate limits	write c. LENGTH OF STA'	X c. CITY OR	ST /	corporate limits, we	nari	pedrest toyh)
d. NAME OF HOS	PITAL (II) hot in bospital, giv	Mary	d. STREET	ADDRESS			ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Fredfinst	Augu	st 54	0.51 4. D.O.D.		Month /	Doy   Yeor 2   195
male	1 hothilas	7. MARRIED NEVER MARR	4/(/	1/881	9. AGE Un y	eors IF UNDER 1 Y ay) Months Do	EAR IF UNDER 24 HRS
Oo. USUAL OCCUPA durant most of w	TION (Give kind of work do orking life, even if retired)	one 10b. KIND OF BUSINESS	OR INDUSTRY 11. BIRTH	PLACE (State or fore	rign country)	12.00111	OF WHAT COUNTY
3. FATHER'S NAME	left o	Suhr	14. MOTHER	'S MAIDEN NAME			
5. WAS DECEASED E	VER IN U. S. ARMED FORCE		Mras	red of	Juhr /	Address Ast L	ew Mass
	EATH [Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	se per line far (o), (b), and (c)	mea				INTERVAL BETWEEN ONSET AND DEATH
Conditions, if gave rise to couse (a), stating the land of the lan	immediate DUE TO	Hygre	ileasere	Cardin	vasing	- Seren	2 2/20
	(c)_	ITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED T	O THE TERMINAL DI	ISEASE CONDITION	GIVEN IN PART 1(	o) 19. WAS AUTOPSY PERFORMED? YES NO D
OR CONTRIBUTION	WAS UNDERLYING [] REATH FY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY (	OCCURRED. (Enter noture	of injury in Port I o	or Port II of item 18	.)	
20c. TIME OF INJ	1.	20d. INJURY OCCURRED While Nat while at work ot wark	20e. PLACE OF INJURY factory, street, offi		(City or lown)	(Cou	nty) (State
21. I certify alive an	that I attended the comments of the comments o	deceased from July 1855, and tha	t death occurred a	1. 8. A.M.		es and an the	t saw the decear date stated abo DATE SIGN 6-29-5
PHYSICIAN'S NAME (Type)							
220 BURIAL, CREMAT REMOVAL (Special	101 225 DATE THEREOF	22c. GIAME OF CEN	VETERY OR CREMATORY	let en	COCATION ICITY. 10	wn, as gounty)	I (Stohe)
23. FUNERAL BIRECT	PIS SIGNATURE	ADDRESS	market The	DATE JUN 2	egistrar 246.	REGISTRAR'S SIGN	ATURE

#### MARYLAND STATE DEPARTMENT OF REALTHE-BALTIMORE, I

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MARYLAND	STATE D	EPARTMENT	OF F	HEALTH-BA	ALTIMORE,	18

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		67	96	CERT	IFIC	ATE OF DEAT	Н	43.3	Reg. D		JUQ	J. S
1.	Dorchester	c		MAR	YLAND	2. USUAL RESIDENCE (W o. STATE		d lived. If instituti b. COUNTY	7		re odmissi	ion)
	Cambridge	Md.			RS	c. CITY OR TOWN (IF	outside carpa	rate limits, write R			arest town	
	239 GOLDS	AL (If not in hospital, goorough Ave	ive street (	address)		d. STREET ADDRESS 239 Goldsbo	rough	Ave				FARM?
3.	NAME OF DECEASED Saral (Type or print)	Fir 1	st	Middle M.		Travers	4. DATE OF DEATH	6 Mor	11	Do	*	reor 19 58
5.	F F	6. COLOR OR RACE White	7. MARR	NEVER MARR		8. DATE OF BIRTH /10/1879		9. AGE (In years last birthdoy) 79 yrs.	Manths 3	Dqyb	Hours	R 24 HRS. Min.
100		ing life, even if retired		KIND OF BUSINESS O	OR INDU	ISTRY 11. BIRTHPLACE (Stote			12. CI	U.S.		COUNTRY
13.	John Mee	ekins				Nancy Meek						
15.		R IN U. S. ARMED FOR If yes, give wer or dates of s		None		rs Ralph Foxw	rell	Add		oride	ge, N	Id.
		TH [Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	, Ce	e for (o), (b), and (c)	206	News	M	se-	,	ONS	ERVAL BE	
	gave rise to in coese (a), stoting t lying cause last.	nmediate (	1	Lepper	te	isia	-					
CERTIFICATION	Mul. OTH	ERSIGNIFICANT CON	pition's c	CONTRIBUTION TO DE	ATH BU	NOT RELATED TO THE TERM	IINAL DISEAS		VEN IN PA	RT 1(o) 1	PERFO YES [	RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	OCCURRI	ED. (Enter nature of injury in	Part I ar Par	t II of item 1B.)			98	
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Y Month, Day, Ye	20d. It While at war	NJURY OCCURRED Not while	20e. Pl	ACE OF INJURY (Hame, for actory, street, affice bldg., etc.	m, 20f. (Cit)	or town)		(County)		(Stote)
	21. I certify the alive an	at I attended the	decease , 19_	CX,	t deatl	19 to		n the causes of treet, city ar town.			te state	
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	N. 14.H.	400	KS KS	1	M.D. 1045	O CEL	ST 3	27	10	71	6/17
22	BURIAL, CREMATION (Specify)	1,6/11/5	6 8	Dorches				TION (City, town,			(Stote	:)

Dorchester Monoria

240. REC'D BY REGISTRAR

DATEJUN 2 3 '58

246 REGISTRAR'S SIGNATURE

VS A1S (4) 15M 9/55

Compte Funer al Service Cambridge, Md,

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

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TO FUNE

VS A15 (4) 15M 9/SS

of the funeral director,

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

798	CERTIFICATE	OF	DEAT

Reg. Dist. NO 6804

								9.		-	
1. PLACE OF DEATH a. COUNTY	D lo -		MARYLANI	II O STATE			d lived. If institut				
h CITY OF TOWN	Dorche		c. LENGTH OF STAY IN 1			ryland	orate limits, write		rche		
RURAL ond give n	eorest town)	,		12		The state of the s		CUKAL GRO	give neur	esi Iowii	,
Cambri	TAL (If not in haspital, g	ive eteent	Life	/ 3	T ADDRESS	mbridg	ge			. IS RES	IDENICE.
OR INSTITUTION			dooress	d. SIKE					e	ON A	FARM?
	ne Street				42		e Stree	t		YES	NOX
3. NAME OF DECEASED (Type or print)	Fmers		Middle	Wa:	losi rd	4. DATE OF DEATH	Ma "T	une	Day 8		reor 19 58
5. SEX			RIED M NEVER MARRIED	8. DATE OF	IRTH		9. AGE (In years last birthday)	IF UNDER	R 1 YEAR I		
Male	Negro	WIDOW		May 8	3. 19	00	58 yrs		Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work of	dane 10b.	KIND OF BUSINESS OR IN						TIZEN OF	WHAT	COUNTRY
	rking life, even if retired)		Hauling		Donah	oaton	Co M	a		USA	
13. FATHER'S NAME	porer		usm mg	14 MOTH	R'S MAIDEN	ester	Co., M	اول		USA	
\					N O MINIDE						
E WAS DECEASED SVI	Henry	Ward		, INFORMANT		Sud:		iley			
(Yes, no, or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	, INFORMANT			Ade	dress			
No		12.	17-10-8002	Agnae	Ward	. Cam	bridge.	Md.	1,55		
18. CAUSE OF DE	ATH [Enter only one ca	use per li	ne for (a), (b), and (c).]							RVAL BE	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Co	rcinoma of	Esopha	ong				ONSE	ET AND	DEATH
150 Y	DUE TO		TOTHORIA OF	2500110	500						
Condition 16											
Conditions, if a	immediate (										
cotse (a), stating	the under- DUE TO										
lying cause lost.	, 10										
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PAR		PERFO	RMED?
5										YES 🔲	№ □
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUI	RRED. (Enter notu	e af injury i	in Part 1 or Por	t II af item 18.)				
Y 20c. TIME OF INJUING Haur a.m.	RY Manth, Day, Yea	While	Not while	PLACE OF INJUI foctory, street, o	lY (Hame, fa ffice bldg., e	orm, 20f. (City	y or town)	(	(County)		(State)
		at war			,		-				
21. I certify ti	hat I attended the	deceas	ed fram November	er 1, 19	57, ta_4	June 8	, 1958	,that I	last say	w the	decease
alive on Ju	ne 8.	c. 195	&, and that dec	ath occurred	at 8 A	e M. fran	n the causes	and on t	he date	e state	d above
(	Y / I	7	1				treet, city ar town				TE SIGNE
ACTUAL	15200	LL.	cey	22	7 Pir	ne St	Cambrid	ge. M	d.	6-1	1-58
SIGNATORE		27.5		M.D							
PHYSICIAN'S NAME (Type)	J. Edwin	Pagg	ett.M.D.								
220. BURIAL CREMATIC						1001165	Tion (C)				
REMOVAL (Specify			22c. NAME OF CEMETERY				TION (City, town,			(State	e)
Burial	6/11/19	58	Cordtown	Cemete:			rdtown,		ylan		
23. FUNERAL DIRECTOR	E'S SIOPLATURE	1	ADDRESS		24a. RE	C'D 8Y REGIS	TRAR 24b. REG	ISTRAR'S SI	GNATURE	-	
( coner)	11 WHO	ai	Cambrid	ge. Md	DATE	JUN 1 8	'58 00	2100	rich		

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VS. A15ME

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony deloy is necessory, please makes certificate, writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page may	or your	ord of	1	_
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ofter de	3. Pog	es l'on	ithin 72	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		6812 <sup>M</sup>	EDICA	L EXAMIN	IER'S	CERTIFICA	TE OF	DEATH	Reg. Dist. N	.06805	
1. PLACE OF DEATH o. COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institut			tion: Residence before admission)		
e. COUNTY		Dorchester		MARYLAND		o. STATE Maryland b. COUNTY			Dorchester		
b. CITY OR TOWN (If autside corporate limits, write RURAL c. LENGTH and give neglest lown)			c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (II		porate limits, write				
	The second secon	ille (Tav	dors	35 vrs	5.	X Smit	hvill	e (Tayle	ors Isl	and)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Island)					d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)		First Mabel		Middle Vernett	a	Wheatley	4. DATE OF DEATH	Month June	24	Yeor 19 58	
5. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D   8.	DATE OF BIRTH	9	9. AGE (In years lost birthday)	IF UNDER TYEAR	IF UNDER 24 HRS.	
Female		Negro	WIDOWE	_		May 24, 18	99	59/48 yrs.	Months Days	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR' during most of working life, even if retired)						RY 11. BIRTHPLACE (State or foreign country) 12. (				F WHAT COUNTRY	
	House					Chester, Maryland				USA	
13. FATHER'S NAME											
	W	estley I	Hill				Annie	Brown			
15.  Ye	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO	. 17. IN	FORMANT		Address			
	No		- 2	18-05-778	36	John Wheat	lev.	Smithvi	lle. Mo	7 . F	
	the state of the s	TH Enter only one co	use per line	for (o), (b), and (c).]					INT	ERVAL BETWEEN SET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary occlusi					ion				Instant	
	420.1	DUE TO									
CATION	Conditions, if ony, which) (b)										
	gove rise to immediate cause (a), stating the underlying DUE TO										
	couse lost. (c)										
	PART II. OTH	ER SIGNIFICANT CON	IDITIONS CO	INTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIVE	EN IN PART I(o)	PERFORMED?	
CERTIFICATION	20a. EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.	SE WAS STRIBUTING []	Ob. DESCRIBE	HOW INJURY OCCU	IRRED. (En	ter noture of injury in Par	t I or Part II	of item 18.)			
3	20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d. I	NJURY OCCURRED		E OF INJURY (Home, form		or lown)	(County)	(State)	
MEDICAL	Hour o.m.	19	While of wo	Not white	factor	ry, street, affice bldg., etc.	)				
	21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my										
	opinian death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner										
	ACTUAL SIGNATURE	Jan	-	me	2,	M.D. CHIEF MEDICAL EX				DATE SIGNED	
	EXAMINER'S NAME (Type)	John 1	face .	Jr.	6	DEPUTY MEDICAL		- 11	/58		
220	BURIAL, CREMATIO REMOVAL (Specify) Burial	6/29/1	958	27c. NAME OF CEMEN	-	REMATORY Cemetery	_	TION (City, fewn, o hester		(State)	
23.	FUMERAL DIRECTOR	S. SIGNATURE	1 /	ADDRESS			D BY REGIST		TRAR'S SIGNATU		
1	Wher X!	CHE	ale	& Cambr	idge	ULTAND . DM .	L 8 '5	8 Cles	educa		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Page death. 24 within